Substitute for Form PTO-875. Effective December 8, 2004											10 - 520142					
APPLICATION AS FILED - PART I (Column I) (Column 2) SMALL ENTITY											, O	B SM	OTHER THAN SMALL ENTITY			
FOR			HUMBER FILED			NUMBER EXTRA			RATE (1)		FEE ()	7	RATE			
	IASIC FEE STOFR LIGHT (N	l, cr (cl)		NA		•	N/A		: NA	-	150.00		NA NA	¥ŀ	300.00	
	EARCHFEÉ 17 CFR,1 10(10, (4.	or (m))		NVA	,]	• •	N/A		N/A	7	\$250	-1				
Ē	XAMINATION F	1	N/A :		1.	N/A	7	. N/A	+	\$100	-1.	NIA.		\$500		
TC	OTAL CLAIMS IT OFR 1,16(1)		11	MHOL.	i 20 € .	٠.		7	X\$ 25	-	1.4.00	OR	VCCO		*200	
11	DEPENDENT (1:) min	10 J =			٦	X100		1		·	<u>:</u>			
Γ.			If the s	pacificati	on and draw	Angs	exceed 100	┨		4		-	X200	• • •		
F	PPUCATION SE EE : 7 OFR 1,16(4)	ZE	sheeta Is \$250 additio	sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
M	atiple depe	7	+180=	7	· .	7	+360=									
:4	. If the difference in column 1 is loss than zero, enter 'O' in column 2.								TOTAL	1			TOTAL	$\tilde{+}$	· · · ·	
	ÀPF	PUCAT	ION AS	AMEN	DED – PAF	51. U	•	٠						. 1		
1-	-3-05			• ••	·		• • •				. ,		on.	· .		
<u> </u>	CLAIMS HIGHEST							'n	SMALL ENTITY			,OR	OTHER THAN SMALL ENTITY			
ENTA		. A	MINING FIER YOMENT	<u> </u>	NUMBE PREVIOU: PAIO FO	R. SLY	PRESENT EXTRA		RATE(S)	1. 1	ADOI- TONAL EE (S)		RATE (5)		ADDI- TIONAL	
NOME	Total OF CFR-(rep) Independent	1:1	[]	Minus	111		•	1	X\$ 25.	1	22.19/	OR	X\$50	#	FEE (T)	
Z	Of Circum	. 1	Ζ	Minus	12	1	·=]	X100 _		7		X200	+	نن	
₹	Application Size Fee (37 CFR 1.16(s))									1.	(/-) -	OR	-	╌	- Ø	
ل	FIRST PRESEN	TATION O	FMULTIPU	E DEPEND	BAT CLAIM (V CF	1 1.16@)		+180=		 -	OR	+360=	†		
		,			•••	•			ADOJ LEE			OR	TOTAL ADO'L FEE	†		
_		(Coluc		· · · ·	(Column		(Column 3)		•	:	•	_				
		REMA AFT AMENO	ER.		HIGHEST NUMBER PREVIOUSI PAID FOR	Y	PRESENT EXTRA		RATE (S)	Th	DDI- ONAL E (\$)		RATE (\$)	T	ADDI- TIONAL	
Ĭ.	Total . (B.COR L14(I)	• , ·		.Minus		1	=		X\$ 25 -		E (+)		X\$50 =	+	FEE (S)	
	promitted		(Minus	***	1	-	I	X100		·	. OR	•	+	· · ·	
	Application Siza Fee (37 CFR 1.16(s))								-			OR: 1	X200 _	+	:-	
	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								+180=	,——			+360=	+		
		,	• • •	••••		<u> </u>	لبنت	L				OR .	+200=	1		
:	éla	••				•			TOTAL ADD'L FEE		.]	OR '	TOTAL ADO'L FEE] ;		

If the entry in column 1 is less than the entry in volumn 2, write "O' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the Thighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Thighest Number Previously Paid For" (Total or Independent) Is the highest number found in the appropriate box in column 1, Is collection of hidomation is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the property of the public which is to file (and by the grathening, prepading, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time your oquire to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ORESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.